STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING _____ B. WING _____	C 02/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW MANOR	**45 BEACHWAY DR INDIANAPOLIS, IN 46224**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the Investigation of Complaint(s) IN00162593 and IN00162009.

This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and Investigation of Complaint IN00160538 completed on December 19, 2014.

Complaint- IN00162593 - Substantiated. No deficiencies related to the allegation(s) are cited.

Complaint- IN00162009 - Unsubstantiated due to lack of evidence.

Survey dates: February 13 & 16, 2015.

Facility number: 000032
Provider number: 155077
AIM number: 100273330

Survey team:
Lora Brettnacher, RN-TC
Megan Burgess, RN
(February 13, 2015)

Census bed type:
SNF/NF: 114
Total: 114

Census payor type:
Medicare: 25
Medicaid : 72
Other: 17
Total: 114

Sample: 3

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155077	A. BUILDING _____ B. WING _____	C 02/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW MANOR	**45 BEACHWAY DR INDIANAPOLIS, IN 46224**

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F 000	Continued From page 1 Lakeview Manor was found to be in compliance with 42 CFR part 483, Subpart B and 410 IAC 16.2-3.1 in regards to the Investigation to Complaint(s) IN00162593 and IN00162009. Quality review completed 02/16/2015 by Brenda Marshall, RN.	F 000		